

Appl. No. _____

Date Rec'd. _____

CITY AND COUNTY OF HONOLULU LOAN APPLICATION

Applicant (Head of Household) _____ Date of Birth _____ SS # _____
 Co-Applicant (Spouse) _____ Date of Birth _____ SS # _____

Current Address _____ Yrs. _____ Res. Phone _____

Previous Address if less than 2 yrs. at above _____ Yrs. _____

Mailing Address if other than Current Address _____ Yrs. _____

Names and Ages of All Dependents _____
 (See Supplemental Form to list all Non-Dependent Permanent Household Members)

CURRENT EMPLOYMENT	APPLICANT	CO-APPLICANT
Employer _____	Years _____	Employer _____
Position Held _____	Years _____	Position Held _____
Address _____		Address _____
Phone _____	Gross monthly income \$ _____	Phone _____
		Gross monthly income \$ _____

If the current employment is for less than 2 years, complete the following:

Previous Employment	Years Employed	Last Position Held	Monthly Income
Applicant _____	_____	_____	_____
Co-Applicant _____	_____	_____	_____

OTHER GROSS MONTHLY INCOME			
Recipient	Source of Income	Address of Source	Gross Amount
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL			\$ _____

DEPOSITORY ACCOUNTS (BANKS, SAVINGS & LOANS, CREDIT UNIONS, ETC.)					
Depository/Branch	Name on Acct.	Acct. No.	Acct. Type	Balance	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIST OF ALL REAL ESTATE OWNED (ATTACH ADDITIONAL SHEET IF NECESSARY)					
Property Address	Present Value	Mortgage Balance	Monthly payment	Mortgage Loan No.	Mortgagee's Name and Address
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LIABILITIES - LIST ALL LOANS, CHARGE ACCOUNTS, TIME PAYMENT PLANS, ETC. EXCEPT PREVIOUSLY LISTED MORTGAGES

Payable To	Address	Account Type	Account Number	Monthly Payment	Balance

Explain if you or any household members are disabled, handicapped or have other serious health problems:

Address of Property to be repaired if other than Residence: _____

Brief description of Repair Work: _____

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING ASSISTANCE:

The following information is requested by the Federal Government to monitor compliance with equal credit opportunity and fair housing laws. You are **not required** to furnish this information, but are encouraged to do so. If you choose not to furnish the information, Federal regulations require the City Government to note race and sex information based on visual observation or surname. Please initial below if you do not wish to divulge information.

APPLICANT _____		CO-APPLICANT _____	
I do not wish to divulge information (initial _____)		I do not wish to divulge information (initial _____)	
01 () Hawaiian (Part)	14 () Samoan	01 () Hawaiian (Part)	14 () Samoan
03 () Hawaiian (Full)	15 () South East Asian	03 () Hawaiian (Full)	15 () South East Asian
04 () Portuguese	(Vietnamese, Laotian, etc.)	04 () Portuguese	(Vietnamese, Laotian, etc.)
05 () Puerto Rico	16 () American Indian	05 () Puerto Rico	16 () American Indian
06 () White	or Alaskan Native	06 () White	or Alaskan Native
07 () Filipino		07 () Filipino	
08 () Korean	17 () Hispanic	08 () Korean	17 () Hispanic
09 () Chinese	18 () Black	09 () Chinese	18 () Black
10 () Japanese	19 () Other-please	10 () Japanese	19 () Other-please
11 () Asian Indian	specify _____	11 () Asian Indian	specify _____
12 () Guamanian		12 () Guamanian	
SEX: () Male	() Female	SEX: () Male	() Female
Head of Household	Head of Household		

I (We), the undersigned certify that all of the information provided in this application is true and correct to the best of my (our) knowledge and is submitted for the purpose of obtaining a City rehabilitation loan. I (We) authorize the City and County of Honolulu to verify all information contained herein and agree that this application and related verifications and statements shall remain the property of the City and County of Honolulu.

APPLICANT'S SIGNATURE	DATE	CO-APPMANT'S SIGNATURE	DATE
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APPLICANT'S NAME (HEAD OF HOUSEHOLD) _____

Supplemental Information Schedule

Please complete the following information on all non-dependent **Permanent** Members of your Household:

<u>Name</u>	<u>Relationship to Head of Household</u>	<u>Age</u>	<u>Annual Income</u>	<u>Source(s) of Income</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

As evidence of income, please submit a copy of the most recent tax returns for each individual listed above.

If there are no non-dependent permanent household members residing with you, please write none on the first line below name above.

I (We) certify that the above information is true and correct to the best of my (our) knowledge.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE

DATE